

Nomination Form TAXICAB "CHAUFFEUR-OF-THE-QUARTER"



Consumer Services Department Passenger Transportation Regulatory Division "Recognizing Outstanding Taxicab Service"

CSD/PTRD USE ONLY NOMINATION #	
CRITERIA FOR NOMINATION? • Any registered and approved Miami-Dade County taxi • Taxicab chauffeur registrations must be in good stand • Any consumer, hotel, or business entity (public or priv	
HOW DOES THE PROGRAM WORK? NOMINATIONS All nominations submitted will be evaluated. Please subpassenger Transportation Regulatory Division, 140 W.	omit your nominations directly to the Consumer Services Department, Flagler St., Suite #904, Miami, FL 33130.
	cognized by the Miami-Dade Board of County Commissioners.
PLEASE COMPLETE THE FOLLOWING INFORMATION	ON
Name (print your name): Signature: Company (where applicable):	Please use the following guide to nominate the Taxicab Chauffeur of your choice. You may attach additional comments and supporting documentation to this form if you wish.
Mailing Address:	Date:// I nominate(Please Print Full Name)
	Chauffeur Registration Number to receive the Taxicab Chauffeur-of-the-Quarter award.
Telephone Number: ()	
CUSTOMER SERVICE (Driver Courtesy and Professionalism) On// of taxicab services. Describe services:	the driver was extremely courteous and professional during the rendering
☐ DRIVER'S KNOWLEDGE The driver pleasantly conveyed substantial knowledge Provide an example:	of the community and historic landmarks during the course of the trip:

□ PROFESSIONAL ATTIRE

□ VEHICLE

The driver was well groomed and professionally dressed. Describe what the driver was wearing and specific observations:

The interior and exterior of the taxicab were exceptionally well kept and clean. List particular observations:_____